

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 291

63-023520

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Cape Girardeau

Length of stay in 1b

5 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Osteopathic Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY OR TOWN

Jackson

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

208 N. High

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

Vanita M. Gockel

4. DATE OF DEATH

May 29 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/9/1904

9. AGE (last birthday)

59

10. UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

3 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bank Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Bank Clerk

11. BIRTHPLACE (City and state or country)

Jackson, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry C Gockel

13b. MOTHER'S MAIDEN NAME

Augusta Mogler

14. NAME OF HUSBAND OR WIFE

Mrs. C. W. Kinsey - Cape Girardeau Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Mrs. C. W. Kinsey - Cape Girardeau Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepatic Carcinoma

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Ovarian Carcinoma

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Profound anemia & Phlebitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/16/63 to 5/29/63

and last saw her alive on 5/29/63

Death occurred at

5/29/63 at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. W. Kinsey

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

6/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/31/1963

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Jackson Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

6-13-1963

J. C. Crawford

Jackson, Mo

6-13-1963

James Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

8981 21 NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 672
working under my personal supervision.

Student

J. C. Bond, Jr.
Signature of Student Embalmer

Signed

[Signature]

Licensed Embalmer No.

43 Putnam

P. O. Address

Jackson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.